



Swiss Society of Addiction Medicine  
Schweizerische Gesellschaft für Suchtmedizin  
Société Suisse de Médecine de l'Addiction  
Società Svizzera di Medicina delle Dipendenze

# Book of Abstracts

Swiss Addiction Research Day III  
November 21, 2008

Bern, Switzerland  
Universitäre Psychiatrische Dienste, Waldau



# Content

<b>FOREWORD</b> .....	<b>3</b>
<b>PROGRAM</b> .....	<b>4</b>
<b>ABSTRACTS OF ORAL PRESENTATIONS</b> .....	<b>6</b>
SESSION 1: RESEARCH ON ALCOHOL.....	7
SESSION 2: SOMATIC ASPECTS / ASSESSMENT.....	15
SESSION 3: ADDICTION / INTERVENTIONS .....	21
<b>ABSTRACTS OF POSTERS</b> .....	<b>25</b>
<b>AUTHOR INDEX</b> .....	<b>39</b>

## **Foreword**

Dear Colleagues and Friends,

The Swiss Society of Addiction Medicine has the pleasure to welcome you in Bern for the third edition of the Swiss Addiction Research Day.

Considering the success of the two previous editions, in Zurich in 2004 and in Lausanne in 2007, it was decided to organize a third edition to go on with the project of a Swiss network for the addiction research.

It seems that it was a good idea, since we have today 30 presentations (oral communications and posters). The topics cover all the fields in addiction research, from molecular to public health aspects.

Moreover, the participants are coming from all the parts of Switzerland, and will be able to communicate and share information.

I would like to thank all the participants for their commitment, especially the organization committee of the Department of Psychiatry, University of Bern.

I wish you a nice and successful Swiss Addiction Research Day !

Prof. Jacques Besson  
Chairman  
Scientific Council SSAM

## Program

- 09h30-10h15 Welcome (coffee and registration)
- 10h15-10h30 Opening : *J. Besson*
- 10h30-12h20 **Oral presentations (Session 1): *Research on Alcohol***
- Comparisons between the characteristics of Inpatients and Outpatients with Alcohol-Related Problems in Switzerland  
*Maffli, E.*
- Doing the splits between parental duties and paid labour - the “role” of multiple roles on alcohol use among women in Switzerland  
*Kuntsche, S.*
- The relationship between self-efficacy and abstinence from alcohol after outpatient and inpatient treatment – a two-year follow-up  
*Zingg, C.*
- Alcoholics who smoke: Interactions between alcohol and tobacco dependence  
*Wiesbeck, G. A.*
- European ADHD in Substance Use Disorders prevalence Study (EASP): Identification of adult attention deficit-/hyperactivity disorder among patients with alcohol dependence attending residential treatment  
*Moggi, F.*
- Alcohol, tobacco and testosterone in alcohol-dependent men  
*Walter, M.*
- Do you txt? Testing SMS-technology in alcohol research  
*Kuntsche, E.*
- Alcohol consumption during Hepatitis C therapy in patients of the Swiss hepatitis C cohort study  
*Bruggmann, P.*
- 12h20-12h30 **Presentation of SSAM award for Addiction Research in 2009**
- 12h30-14h00 **Poster session** and Lunch
- 14h00-15h00 **Oral presentations (Session 2): *Somatic aspects / Assessment***
- Association of dopamine and opioid receptor genetic polymorphism with response to methadone maintenance treatment  
*Oneda, B.*

Adherence to and Outcome of antiretroviral Treatment of HIV-infected Persons with or without Ongoing Injection Drug Use or in a Drug Addiction Treatment Program: The Swiss HIV Cohort Study

*Huber, M.*

Active intravenous drug use during chronic hepatitis C therapy does not reduce sustained virological response rates in adherent patients

*Bruggmann, P.*

Inter-Informant Agreement and Prevalence Estimates for Substance Use Disorders: Direct Interview versus Family History Method

*Vandeleur, C.*

The mental wellbeing of opioid dependent persons in substitution sustained treatment

*Falcato, L.*

15h00-15h15 Short break

15h15-16h15 **Oral presentations (Session 3): Addiction / Interventions**

Harm-reduction measures, heroin price, police activity and incidence of heroin use: The Zurich experience

*Nordt, C.*

Assessing the human cost of gambling addiction

*Kohler, D.*

Brief motivational intervention to reduce cannabis use in psychosis: a randomized controlled trial

*Gibellini, S.*

How to screen for problematic cannabis use in population surveys? Towards a revised version of the Cannabis Use Disorders Identification Test (CUDIT)

*Annaheim, B.*

16h15-16h45 Coffee/tea break

16h45-17h30 **SSAM General Assembly**

## **Abstracts of oral presentations**

## **Session 1: Research on Alcohol**

### **Comparisons between the characteristics of Inpatients and Outpatients with Alcohol-Related Problems in Switzerland**

Maffli, E., Delgrande Jordan, M., Astudillo, M.

SFA/ISPA - Swiss Institute for the Prevention of Alcohol and Drug Problems

The study aims to compare the characteristics of inpatients and outpatients entering treatment for alcohol-related problems in the highly decentralised Swiss care system and to look for factors influencing the choice of the setting. The data was collected in 2006 through the treatment monitoring system “act-info” applied in both sectors on a voluntary base. 1090 records from 15 inpatients centres and 2982 records from 62 outpatients units were involved in the study. Bivariate and multivariate analyses were applied in order to look for differences between the two groups and to examine the predictive magnitude of the characteristics for the choice of the setting. The measures were taken at treatment intake and include socio-demographic variables (age, gender, marital status, education level, working status) treatment-related information (previous treatments, source of referral) and substance-related aspects (patterns of alcohol use, secondary substances). The results suggest that individuals with more severe alcohol problems, with past treatment experiences, being unemployed or economically inactive are more likely to attend inpatient settings. Practical implications of the results are discussed.

## **Doing the splits between parental duties and paid labour - the “role” of multiple roles on alcohol use among women in Switzerland**

Kuntsche, S.<sup>1</sup>, Knibbe, R. A.<sup>2</sup>, Gmel, G.<sup>1,3</sup>

<sup>1</sup>SFA/ISPA - Swiss Institute for the Prevention of Alcohol and Drug Problems, Lausanne, Switzerland

<sup>2</sup>Department of Medical Sociology, University of Maastricht, The Netherlands

<sup>3</sup>Alcohol Treatment Centre, Lausanne University Hospital, Lausanne, Switzerland

The relevance of social roles varies depending on the particular characteristics of each role and the interrelations between these roles. The present study attempts to analyse the relation between parenthood and the employment background and their influence on alcohol use among women living in Switzerland. In addition, possible differences related to the family as well as job characteristics will be taken into account. **METHOD:** Analysis is based on a national representative sample of 25 to 45 years old mothers in Switzerland. Logistic regressions of heavy volume drinking on the interaction of age of the youngest child and level of paid employment were adjusted for possible confounding family and job characteristics. **RESULTS:** The impact of age of the youngest child on heavy volume drinking varied across different levels of employment, but neither the family nor the job characteristics could explain these differences. **CONCLUSION:** Depending of the level of employment the age of the youngest child reduced or increased the risk for heavy volume drinking indicating a differential vulnerability of housewives, part-time, or full-time working mothers.

## **The relationship between self-efficacy and abstinence from alcohol after outpatient and inpatient treatment – a two-year follow-up**

Zingg, C., Schmidt, P., Kűfner, H., Kolb, W., Zemlin, U., Soyka, M.

Private Hospital Meiringen, Meiringen, Switzerland

This study examines the relationship between (alcohol specific) self-efficacy expectancies and abstinence from alcohol measured at three follow-ups (t1=six, t2=twelve and t3=24 months after treatment) in three groups of patients with different severity levels of their alcohol dependency. N=169 patients were included (n=65 outpatient treatment, n=51 inpatient short-term and n=53 inpatient long-term treatment). Self-efficacy was measured using the Alcohol Abstinence Self-Efficacy Scale (AASE). Treatment outcome was defined as complete abstinence from alcohol at time of follow-ups.

The AASE differentiates reliably between abstinent and non-abstinent patients in each treatment group at the three follow-ups. Abstinent patients had significant higher scores in both of the two subscales confidence and temptation. The strongest relationship between AASE and treatment outcome could be found for subjects in short-term inpatient treatment. The impact of the results for clinical practice is discussed.

## **Alcoholics who smoke: Interactions between alcohol and tobacco dependence**

Wiesbeck, G. A., Dürsteler-MacFarland, K. M., Müller, S., Petitjean, S., Walter, M.

Division of Substance Use Disorders, Psychiatric University Clinics Basel

**Aim:** Smoking and drinking often go together. In order to elucidate the interdependency between alcohol and tobacco dependence we performed a series of clinical studies.

**Methods:** A genetic association study, an international multi-centre study with a cross sectional design and two randomized controlled intervention studies on smoking alcoholics.

**Results:** In a first study we genotyped alcohol and tobacco dependent subjects (n=121) according to the length variation of their functional 30-bp repeat polymorphism in the promoter region of the monoamine oxidase A (MAO-A) gene. Analysis revealed that the highly active long allele (4 repeats) is associated with a significantly greater amount of cigarette smoking in comparison with the less active short allele (3 repeats). In a logistic regression model, smoking quantity was significantly predicted by MAO-A genotype.

In a second study we researched the relationship between smoking and depression as well as the impact of alcoholism. We analysed data of the WHO/ISBRA study (n=1,849) an international multi-centre trial. The highest rate of depressives was found in current smokers (23.7%), the lowest rate in never smokers (6.2%). In a logistic regression analysis, alcohol dependence (both current and during lifetime) was a significant predictor of depression. However, the association between smoking and depression still remained statistically significant.

In a third study we investigated the effects of smoking on alcohol abstinence duration in detoxified alcohol-dependent subjects. For this purpose we analysed data from a multi-centre study on alcohol-dependence (Wiesbeck et al., 2001). Participants were divided into 3 groups (non-smokers, moderate smokers and heavy smokers). After 1 year of follow-up there was an advantage for heavy smokers, who had significantly less alcohol relapses (53%) compared to moderate smokers (80%) and non-smokers (70%).

Finally, in an ongoing randomized, controlled trial we are investigating the effect of a smoking cessation program based on cognitive behavioural therapy (CBT) in alcoholics who smoke. The primary and secondary outcomes are the continuous abstinence rates from tobacco and alcohol during a 6 months follow-up period after inpatient treatment.

**Conclusions:** Both clinically and research-wise it will be worthwhile to focus on the comorbidity of alcohol and tobacco dependence.

## **European ADHD in Substance Use Disorders prevalence Study (EASP): Identification of adult attention deficit-/hyperactivity disorder among patients with alcohol dependence attending residential treatment**

Buri, C., Allemann, P., Egli, P., Klingemann, H., Moggi, F.

Psychiatry Department, University Hospital of Bern

Background: Attention Deficit/Hyperactivity Disorder (ADHD) is increasingly recognized as an invalidating and highly prevalent disorder in children and, recently, in adults. Patients with ADHD can suffer from inattention, restlessness and impulsivity throughout their life. Psychiatric disorders and in particular substance use disorders (SUD) are common among adults with ADHD. Prevalence rates of co-morbid SUD and ADHD are estimated between 15 and 30%. ADHD is an important risk factor in the development and persistence of addiction. As the adult ADHD is a relatively new diagnosis, however, evidence based knowledge is scarce, which is necessary for screening, diagnosing and eventually treating effectively SUD patients with ADHD. Most of these patients are not diagnosed in both psychiatric and addiction treatment services, leaving them their ADHD not treated.

Aim of the study: We would like to present the EASP study whose purpose is to discriminate patients with alcohol use disorders (AUD) from patients with co-morbid ADHD and AUD by screening and diagnosis instruments. So far, 13 European and overseas countries (e.g., USA and Australia) accepted to participate or have been already started the EASP study.

The Swiss part of the EASP study will be conducted in the residential AUD treatment programs of the University Hospital of Psychiatry Berne and specialty hospitals of Sühthang and Forel with a total case-load of more than 500 patients a year. Questionnaires and interviews about AUD and ADHD will be used to collect data at admission.

Expected results: This international study will contribute to the identification of the ADHD diagnosis in AUD patients. A better understanding of ADHD characteristics in AUD patients is crucial as co-morbid patients tend have a worse treatment outcome and prognosis for their SUD. Furthermore, reliable and valid instruments of ADHD in AUD patients is a prerequisite to carry out controlled studies of efficacy and effectiveness of ADHD treatment in SUD programs.

## **Alcohol, tobacco and testosterone in alcohol-dependent men**

Walter, M., Gerhard, U., Müller, S. E., Wiesbeck, G. A.

Division of Substance Use Disorders, Psychiatric University Clinics of Basel

**Aims:** The independent effects of alcohol and tobacco on sex hormone levels in males are well documented, however, combined effects are still unknown. The present study examined the association between combined drinking and smoking parameters and testosterone concentrations during the course of withdrawal in alcohol-dependent men.

**Methods:** 51 alcohol-dependent men and 43 age matched healthy men were studied and their characteristics of drinking and smoking evaluated. In alcoholics testosterone plasma levels were measured three times: At admission (Day 1), after detoxification (Day 10) and after 6 weeks of sobriety (Day 40). Healthy controls were measured once only.

**Results:** Testosterone levels increase significantly during the alcohol withdrawal. This increase runs parallel for moderate and heavy drinkers and smokers. While the testosterone level of alcoholic men does not differ from healthy controls at the onset of withdrawal, it is higher for the alcoholics after 6 weeks of sobriety. Heavy drinkers and smokers show by far the highest testosterone values. More severe withdrawal symptoms were unrelated to testosterone levels.

**Conclusions:** Both substances alcohol and tobacco lead to higher levels of testosterone in alcoholic non-cirrhotic men. The effect is cumulative for heavy drinkers and heavy smokers. These findings support the tension reduction hypothesis of alcohol and tobacco use for a subgroup of alcohol dependent-men.

## **Do you txt? Testing SMS-technology in alcohol research**

Kuntsche, E.

SFA/ISPA - Swiss Institute for the Prevention of Alcohol and Drug Problems

The study describes the feasibility, advantages and limitations of the combined use of Internet and SMS technology to assess alcohol use and to test whether a text message sent in the evening changed the number of consumed drinks that were reported the following day. Seventy young adults (mean age 22.7) were recruited via face-to-face contact, e-mail or an Internet advertisement. Participants completed a baseline assessment via Internet and were randomly assigned to two conditions (with and without an evening cell phone message). Over four weekends, both Friday and Saturday night, drinking was assessed via questions sent the next day to the participants' cell phones. A high retention rate (75% in total) was obtained across all three recruitment conditions. The number of drinks indicated in the SMS survey was strongly correlated with the usual quantity reported in the web-based assessment and was the same regardless of whether an additional SMS question was sent the previous evening or not. In addition to advantages of conventional diaries, this new method was shown to be user-friendly, cost-effective, and suitable for use in large-scale surveys.

## **Alcohol consumption during Hepatitis C therapy in patients of the Swiss hepatitis C cohort study**

Bruggmann, P., Dampz, M., Falcato, L.

ARUD - Association for Risk reduction in Use of Drugs, Zurich

### Background and objectives

Usually clinicians demand complete abstinence for at least 6 months before treating alcoholics for hepatitis C (HCV). There is only few data on the effect of ethanol consumption during HCV therapy. This evaluation uses the data of the Swiss hepatitis C cohort study (SCCS) to examine the effect of ongoing alcohol intake on sustained virological response (SVR).

### Methods

At the time of the analysis, 2535 people were included in the SCCS. Patients were eligible for the study if they had their HCV RNA tested 6 months after the end of treatment and at least one cohort follow-up visit during HCV therapy, documenting the consumed amount of alcohol. They were assigned to three groups: abstinence, 1-24g alcohol per day and 25g and more per day. The type of interferon and the cumulative dose of interferon and ribavirin were assessed additionally.

### Results

368 patients were included, 236 (64%) indicating no alcohol consumption during HCV therapy, 100 (27%) with 1-24g/d and 32 (9%) with 25g and more ethanol a day. Neither the type of interferon used nor the rate of patients with at least 80% of the scheduled cumulative dose (59.5% vs. 65.7% vs 59.4%) did significantly differ between the three groups. 93% of all patients were treated with peginterferon. The SVR rate for non drinker group was 64%, for the 1-24g group 61% and  $\geq 25g/d$  group 50%. No significant negative influence of alcohol consumption during therapy was observed in the multiple regression analysis for treatment success (OR 1.16 for  $>24g/d$ , 95% CI 0.72-3.66).

### Discussion and Conclusion

Alcohol seems not to have a relevant direct influence on the efficacy of anti HCV drugs, as drinkers reached similar rates of SVR and sufficient cumulative doses to non drinkers. Previous studies described a negative influence of a recent history of alcoholism on the compliance to HCV therapy, a factor which was not studied in this evaluation. Future efforts in care of patients not able to abstain completely from alcohol should attempt to improve compliance. This could be reached for example by comprehensive care with high frequency contact settings during HCV treatment.

## **Session 2: Somatic aspects / Assessment**

### **Association of dopamine and opioid receptor genetic polymorphism with response to methadone maintenance treatment**

Crettol, S.<sup>1</sup>, Besson, J.<sup>2</sup>, Croquette-Krokar, M.<sup>3</sup>, Hämmig, R.<sup>4</sup>, Gothuey, I.<sup>5</sup>, Monnat, M.<sup>2</sup>, Déglon, J.-J.<sup>6</sup>, Oneda, B.<sup>1</sup>, Preisig, M.<sup>7</sup>, Eap, C. B.<sup>1</sup>

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<sup>4</sup>Universitäre Psychiatrische Dienste Bern, Integrierter Drogendienst

<sup>5</sup>Unité Ambulatoire Spécialisée

<sup>6</sup>Fondation Phénix

<sup>7</sup>Unité de recherche en épidémiologie psychiatrique, Département de Psychiatrie, Centre Hospitalier Universitaire Vaudois et Université de Lausanne

Background: Genetic variations of the dopamine and opioid receptors could influence the response to methadone maintenance treatment (MMT).

Methods: We included 238 MMT patients according to their response to treatment and methadone dosing, along with 217 subjects without substance dependence. All were genotyped for polymorphisms of the dopamine D1, D2,  $\mu$ -opioid and  $\delta$ -opioid receptor genes.

Results: The polymorphisms of the  $\mu$ -opioid (118A>G),  $\delta$ -opioid (921T>C), dopamine D1 (Ddel) and D2 (TaqI A) receptor genes were not associated with response to MMT and methadone dosing, whereas an association was found with the dopamine D2 receptor (DRD2) 957C>T polymorphism. The 957CC carriers were more frequently non-responders to treatment (OR=2.4; p=0.02) and presented a fourfold shorter period of negative urine screening (p=0.02). No significant differences in allele frequencies were observed between the MMT patients and the control group, suggesting no association of the analyzed polymorphisms with opioid dependence.

Conclusions: These results suggest that DRD2 genotype may contribute to the understanding of the interindividual variability to the response to MMT.

This study was published in Progress Neuro Psychopharmacol Biol Psy  
32:1722-27 (2008)

## **Adherence to and Outcome of antiretroviral Treatment of HIV-infected Persons with or without Ongoing Injection Drug Use or in a Drug Addiction Treatment Program: The Swiss HIV Cohort Study**

Huber, M.<sup>1</sup>, Lederberger, B.<sup>1</sup>, Furrer, H.<sup>2</sup>, Elzi, L.<sup>2</sup>, Hirschel, B.<sup>2</sup>, Cavassini, M.<sup>2</sup>, Vernazza, P.<sup>2</sup>, Rickenbach, M.<sup>2</sup>, Weber, R.<sup>1</sup>, and the Swiss HIV Cohort Study

<sup>1</sup>University Hospital of Zurich

<sup>2</sup> Study Centers of the Swiss HIV Cohort Study SHCS

**Background:** The term "injection drug user" (IDU) is used to describe the HIV transmission category. As it is an over-simplification to consider IDU as a homogenous group, we looked at 4 categories of IDU: (i) former IDU; (ii) DTP (drug addiction treatment program); (iii) DTP with ongoing IDU; (iv) current IDU without DTP. The objectives were to investigate (1) whether the IDU categories are independent predictors for being on ART; (2) the virologic outcome of ART in the different IDU categories; (3) differences to non-IDU; (4) Adherence to treatment of the different IDU categories since July 2003.

**Methods:** All participants of the Swiss HIV Cohort Study (SHCS) between 1995 and 2005 were analysed. We studied co-factors of treatment status, clinical, virologic and immunologic outcome using robust multivariable logistic regression models. Self reported adherence to treatment since 1.7. 2003 was assessed. Patients seen for several years contributed multiple visits with time-updated covariables (IDU status, ART, age, CD4 cell count).

**Results:** A total of 8,660 HIV-infected persons were analysed. At base line, 6091 were never IDU, 1080 former, 741 DTP, 607 DTP with ongoing IDU and 141 IDU without DTP.

Multivariable results (adjusted for calendar year, gender, age, prior AIDS, CD4) of the likelihood of being on ART, interrupting ART, and having a viral load below limit of detection (BLD) are shown in Tab.1. Tab.2 shows incidence and adjusted incidence ratio of endpoints all death, non accidental death, new clinical AIDS and lost to follow up per 100 person years.

Self reported Adherence at time of each cohort visit since 1.7.2003 :78,7 % of non IDU, 69.8 % of ex IDU, 70.9 % of DTP only, 60.6 % of DTP with IDU and 54, 9 % of current IDU reported never having missed a dose within the last month before the visit.

**Conclusions:** Incidence and adjusted IRR all deaths, non accidental deaths, and new clinical AIDS differed significantly between non-IDU, former IDU and IDU in different categories. The likelihood of starting or being on ART and the virologic outcome were comparable between never-IDU and former-IDU. In contrast, the results differed between the different IDU categories. Former IDU and persons in a DTP were more likely on ART and had an improved virologic and clinical outcome compared with persons currently injecting drugs. Whereas a substantial number of former IDU or persons in a DTP are followed in the SHCS, only few injecting IDU are observed.

Self reported adherence was best in non IDU, comparable between ex-IDU and DTP only, and lower in IDU with or without DTP.

Tab.1: Likelihood of (Odds Ratio (95% confidence intervals))

IDU status	On ART	Currently VL BLD If treated	Interrupted ART
Non-IDU	1	1	1
Former	1.18(1.06-1.32)	0.96(0.86-1.06)	1.01(0.89-1.14)
DTP only	1.07(0.95-1.21)	0.91(0.81-1.03)	1.02(0.89-1.18)
DTP with IDU	0.53(0.46-0.60)	0.76(0.65-0.88)	1.93(1.65-2.27)
Current IDU	0.44(0.34-0.56)	0.66(0.51-0.87)	2.07(1.54-2.81)

Tab.2 Incidence (interquartile range(IQR)) and adjusted incidence rate ratio (IRR(95% confidence interval,95%CI)) of endpoints per 100 person-years

		All death	Non acc death	New clinical AIDS	Lost to follow up
Non IDU	Inc (IQR)	1.66(1.53/1.80)	1.55(1.42/1.69)	2.64(2.46/2.83)	1.30(1.18/1.44)
Former IDU	Inc(IQR)	2.98(2.61/3.39)	2.61(2.23/3.0)	3.15(2.75/3.61)	2.67(2.33/3.06)
	IRR(95%CI)	2.03 (1.73-2.40)	1.94 (1.63-2.30)	1.08 (0.92-1.25)	1.86 (1.57-2.20)
Stable DTP	Inc(IQR)	4.93(4.34/5.59)	4.32(3.77/4.94)	3.84(3.29/4.45)	3.71(3.20/4.29)
	IRR(95%CI)	3.12 (2.66-3.66)	2.98 (2.52-3.53)	1.17 (0.96-1.39)	2.55 (2.14-3.05)
DTP with IDU	Inc (IQR)	4.25(3.55/5.09)	3.85(3.16/4.62)	4.63(3.27/5.56)	4.08(3.39/4.91)
	IRR(95%CI)	2.56 (2.09-3.15)	2.49 (2.00-3.09)	1.25 (1.03-1.54)	2.66 (2.15-3.29)
IDU without DTP	Inc (IQR)	3.85(2.60-.69)	3.08(1.99/4.78)	4.23(2.84/6.32)	4.36(3.01/6.31)
	IRR95%CI)	2.72 (1.81-4.079)	2.36 (1.51-3.71)	1.68 (1.12-2.52)	2.91 (1.98-4.28)

## **Active intravenous drug use during chronic hepatitis C therapy does not reduce sustained virological response rates in adherent patients**

Bruggmann, P.<sup>1</sup>, Falcato, L.<sup>1</sup>, Helbling, B.<sup>2</sup>, Keiser, O.<sup>3</sup>, Negro, F.<sup>4</sup>, Meili, D.<sup>1</sup>

<sup>1</sup>ARUD - Association for Risk reduction in Use of Drugs, Zurich

<sup>2</sup>Division of Gastroenterology and Hepatology, Stadtspital Waid, Zurich

<sup>3</sup>Swiss Hepatitis C Cohort Center, CHUV, Lausanne

<sup>4</sup>Viro pathology Unit, Division of Gastroenterology and Hepatology, HUG, Geneva

### Background and objectives

Reluctance has been expressed about treating hepatitis C (HCV) in active IV drug users in both guidelines and clinical practice. IV drug users make up the largest risk group in HCV patients. They are destined to be the largest group of patients with end stage liver disease causing a major financial burden on the healthcare system. The literature affords no evidence for a general exclusion of this high risk group. The aim of this study was to evaluate the direct influence of active IV drug use on the efficacy of HCV treatment.

### Methods

In this retrospective study in patients of the Swiss Hepatitis C Cohort Study data of 2535 patients were analyzed. To study the direct influence of IV drug use on treatment outcome we selected only patients adherent enough to have their serum HCV RNA tested 6 months after the end of treatment and to attend at least one cohort follow-up visit during HCV therapy, documenting the drug use status. Type of anti HCV medication and the cumulative dose of interferon and ribavirin were assessed for all patients.

### Results

The proportion of patients with a sufficient antiviral drug exposure (>80% of the scheduled cumulative dose) and treatment duration (>80% of the scheduled duration) was comparable in the two groups: 66% of the patients with active IVDU during therapy and 60.5% in non-IVDU group. The SVR rate was 69.3% in the IVDU group and 59.8% in the non-IVDU group. The multiple logistic regression analysis showed that the only independent predictors of SVR were HCV genotype and age whereas active IVDU during therapy did not have a significant influence on treatment outcome.

### Conclusions

IV drug use does not have a negative direct influence on the efficacy of HCV treatment in patients adherent to antiviral therapy. Our study results should encourage physicians not to exclude IVDU per se from HCV treatment. Based on our experience adherence in IV drug users can be improved by a comprehensive care setting and by interfacing opioid maintenance treatment with HCV therapy.

## **Inter-Informant Agreement and Prevalence Estimates for Substance Use Disorders: Direct Interview versus Family History Method \***

Vandeleur, C.<sup>1</sup>, Rothen, S.<sup>1,2</sup>, Jeanprêtre, N.<sup>2</sup>, Lustenberger, Y.<sup>1,2</sup>, Gamma, F.<sup>2</sup>, Ayer, E.<sup>2</sup>, Ferrero, F.<sup>1</sup>, Fleischmann, A.<sup>2</sup>, Besson, J.<sup>2</sup>, Sisbane, F.<sup>2</sup>, Preisig, M.<sup>2</sup>

<sup>1</sup>Department of Psychiatry, University Hospital of Geneva

<sup>2</sup>Department of Adult Psychiatry, University Hospital of Lausanne

Objectives: Family studies typically use multiple sources of information on each individual including direct interviews and family history information.

The aims of the present study were to: 1) assess agreement for diagnoses of specific substance use disorders between direct interviews and the family history method; 2) compare prevalence estimates according to the two methods; 3) test strategies to approximate prevalence estimates according to family history reports to those based on direct interviews; 4) determine covariates of inter-informant agreement; and 5) identify covariates that affect the likelihood of reporting disorders by informants.

Methods: Analyses were based on family study data, which included 1621 distinct informant (first-degree relatives and spouses) - index subject pairs.

Results: Our main findings were: 1) Inter-informant agreement was fair to good for all substance disorders, except for alcohol abuse; 2) the family history method underestimated the prevalence of drug but not alcohol use disorders; 3) lowering diagnostic thresholds for drug disorders and combining multiple family histories increased the accuracy of prevalence estimates for these disorders according to the family history method; 4) female sex of index subjects was associated with higher agreement for nearly all disorders; and 5) informants who themselves had a history of the same substance use disorder were more likely to report this disorder in their relatives, which entails the risk of overestimation of the size of familial aggregation.

Conclusion: Our findings have important implications for the best-estimate procedure applied in family studies.

\* Published in **Drug and Alcohol Dependence** 92 (2008) 9 – 19.

## **The mental wellbeing of opioid dependent persons in substitution sustained treatment**

Falcato, L., Beck, T.

ARUD - Association for Risk reduction in Use of Drugs, Zurich

### Background:

The measurement of mental wellbeing in persons getting substitution-sustained treatment (SST) is of interest for clinical and scientific reasons as well as for the implementation of quality management measures.

### Method:

Psychic symptoms were measured with the SCL-27 instrument at entry (n=435) and in a one year follow-up (n= 130). The change in occurrence and degree of psychic symptoms in opioid dependent patients during SST was examined.

### Results:

It was found that opioid dependent persons starting an SST had a substantial load of psychic symptoms. The most often mentioned were symptoms of melancholia, hot and cold shivers, suspiciousness against most people, hopelessness, and lack of energy, problems to concentrate, and the fear to be exploited. The number of not prescribed drugs as well as the presence and extent of benzodiazepine use before treatment start correlated slightly with a higher load of psychic symptoms. At the average the total burden of symptoms and especially depressive symptoms reduced slightly during the first year of treatment.

### Conclusion:

The symptom checklist SCL-27 is suitable to only a limited extent as an instrument for monitoring mental wellbeing of patients in substitution sustained treatment. Additional research efforts are needed to find a more satisfying solution.

### **Session 3: Addiction / Interventions**

#### **Harm-reduction measures, heroin price, police activity and incidence of heroin use: The Zurich experience**

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Background: There still are concerns about unwanted effects of harm reduction measures that may lead to an increasing number of new heroin users. Furthermore, it is thought that the admission of a substantial proportion of heroin users to methadone treatments reduces the demand on the heroin market and thus results in a lower price for street heroin. And finally, the intensity of police activity in the drug field may also affect prices for street heroin.

Methods: As incidence of regular heroin use over more than a decade is rarely known elsewhere, we examined the Zurich experience between 1980 and 2005, concerning heroin price, heroin purity level, heroin seizures and drug offences. This time period encompasses the time before and after the introduction of low-threshold methadone treatment in 1991.

Results: We found a steep peak of heroin incidence in 1990. The street price of heroin already declined from 700 to 60 Swiss Francs during the 80s. The number of heroin consumptions reported by the police increased since 1991 and peaked in 1997, two years after the closure of the last open drug scene.

Conclusions: The introduction of low-threshold methadone treatment has not resulted in lower heroin prices and the increased police activity during the 90s has not led to higher heroin prices, even though the higher police activity in the late 90s may have contributed to the prevention of a re-establishment of open drug scenes. In conclusion, we did not find a close relationship between street prices of heroin, police activity, and incidence of problematic heroin use.

## **Assessing the human cost of gambling addiction**

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Usually, cost of gambling estimations take into account the direct and indirect costs without estimating the intangible costs. They include the expenses for treating the consequences of gambling addiction and the production loss but exclude the costs resulting from the poorer quality of life. The result is a significant underestimation of the total social cost generated by gambling addiction. The Productivity commission's study in Australia concluded that quality of life cost account for up to 90% of the total cost of pathological gambling.

We assess the human cost of gambling addiction by using the SF-6D to obtain a health utility index (QALY). This allows us to estimate the loss of quality of life suffered by the pathological gamblers and their relatives. The questionnaire contains the SF-12 needed to obtain the SF-6D. We also gathered information about several common physical and mental co-morbidities including: drug abuse, tobacco consumption, alcohol dependence (CAGE questionnaire) and symptoms of depression (PHQ-2 questions). This information allows us to obtain the pure effect of pathological gambling on the quality of life without any confounding effect due to the co-morbidities. Lastly, we ask questions about income and demographics.

Pathological gamblers are recruited in the French-speaking part of Switzerland. The respondents are mostly those consulting treatment centres for their gambling problems. We also reached gamblers outside the casinos as well as in bars and restaurants equipped with electronic lottery. The control group is obtained through a general population survey. We assess the impact of gambling addiction on the health utility index (QALY) by using a tobit regression after controlling for all different co-morbidities. Using the value of a life year (VOLY), we obtain the intangible cost of gambling addiction.

Key terms: intangible cost, gambling addiction, pathological gambling, SF-6D, QALY

## **Brief motivational intervention to reduce cannabis use in psychosis: a randomized controlled trial**

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### Background

Cannabis abuse use has a negative impact on psychosis. Studies are needed to explore efficacy of psychological interventions to reduce cannabis harm in psychosis.

### Aim

To study the efficacy of a specific motivational intervention with 60 cannabis users suffering from psychosis.

### Methods

Participants (cannabis users suffering from psychosis, aged less than 35 years) were randomly assigned to treatment as usual plus motivational intervention or treatment as usual only. Assessments were completed at baseline and at 3, 6 and 12-months follow-up regarding: number of joints smoked per week, motivation to change, level of symptoms and number of days of hospitalization.

### Results

32 controls and 30 intervention subjects were included in the study. Maintenance in treatment was high in both groups with 14% drop out at 12 months. Main characteristics were 87% men, 92% single, 60% schizophrenia, age 26 years old, 4.3 years of mean treatment duration. Cannabis use was high at intake (27 joints/week), considered as moderately severe or severe for 79% of subjects.

Cannabis use decreased in both groups at follow up. Patients who received motivational intervention in addition to usual treatment were found to have transient greater reduction of number of joints and more increase in confidence at 3 and 6 months follow up, but there was no difference between groups at 12 months. There were no significant differences on psychotic symptoms, level of functioning and hospital readmission.

### Conclusions

Specific motivational intervention was associated with a better short term reduction on cannabis use among subjects suffering from psychosis, but this advantage was not maintained at one year follow-up.

## **How to screen for problematic cannabis use in population surveys? Towards a revised version of the Cannabis Use Disorders Identification Test (CUDIT)**

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Certain patterns of cannabis use have become a major public health concern in developed societies. In several European countries, current work is under way to develop and validate instruments adequate for monitoring intensive, dependent or problematic forms of cannabis use in population surveys. For such purposes, several easy to administrate questionnaires exist. However, there is yet no generally accepted, validated screening instrument. One of the instruments used in Swiss population surveys is the Cannabis Use Disorders Identification Test (CUDIT). The CUDIT is a ten-items-questionnaire that was constructed by New Zealand clinicians who have adapted the well-established Alcohol Use Disorders Identification Test (AUDIT) to cannabis.

The aim of our study was to examine the CUDIT's dimensionality and to explore its psychometric properties by means of Item Response Theory. For that purpose we have created a test version of the CUDIT by adding four additional items to the original ten-items version. Our analyses are based on data from the second wave of the Swiss Cannabis Monitoring Study, which was conducted under the patronage of the Swiss Federal Office for Public Health. In the representative population sample of 5714 Swiss adolescents and young adults (13 to 32 years old), 558 were actual cannabis users, to whom the CUDIT was administered.

Our results show that it makes sense to treat the CUDIT as a unidimensional construct. At the same time, three of the CUDIT's original items were found to be of weak psychometric performance, and we suggest replacement with new items.

The aim of our presentation is not to introduce an accomplished new screening instrument but to discuss the CUDIT's potential as an instrument to screen for problematic cannabis use in population surveys (or clinical settings), and to make some suggestions for its improvement and further development.

## **Abstracts of Posters**

## **Suicidal behavior in a treatment-seeking gambler population**

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### **Background and Aim of the Study**

Excessive gambling is characterized by social problems such as debt, family disruption, work problems as well as psychological distress, mainly depressive and anxiety disorders. The problem concerns 1 to 3% of the adult population in industrialized countries (Shaffer et al., 1999). These figures appear to be linked positively to the availability of gambling opportunities in a given geographical area (Rihs-Middel, 2005). According to the international literature, only 1 to 2% of these excessive gamblers seek treatment and professional advice. Moreover, it takes an average of 5 to 6 years after the onset of a problem before a gambler seeks professional help (Künzi & al., 2004). Our study on treatment-seeking gamblers establishes the relationship between gambling and suicidal behavior, namely suicide ideation, preparative action, suicide attempt, and completed suicide (Rihs-Middel, 2007).

The burden of disease associated with gambling is mainly related to suicidal behaviors with respect to mortality. As far as morbidity is concerned, there are high risks of psychiatric co-morbidities, depressive disorders, substance abuse and affective disorders.

At present, there is no source of Swiss data on gamblers' suicidal behavior. Bourget, Ward and Gagné (2003), who reviewed the international literature on the relationship between gambling and suicide, reported that 13 to 16 % of pathological gamblers attempted suicide at some time in their lives. If we extrapolate these data to Switzerland for the year 2002, we find that, out of an estimated 45,203 excessive gamblers, 7,233 would have attempted suicide once in their lives and that 278 might have completed suicide. In order to substantiate these extrapolations, we conducted a study of a clinical sample.

### **Sample and methods**

We assessed clinical characteristics in gamblers who were admitted to the Swiss specialized outpatient clinic (Center for Excessive Gambling). Data are based on medical files of 260 outpatients (190 men vs. 70 women), consecutively admitted between January 2002 and July 2008. We examined socio-demographical variables (gender, marital status, Invalidity Pension, debts) and clinical variables (patient's reasons for consultation, psychiatric co-morbidity, and co-dependencies).

### **Results and implications for the field**

In our sample, 35% of patients reported suicidal behavior, that is constituted by either prior suicidal ideation (29%) and/or attempted suicide (15%). Concerning gender, 32% of all male and 44% of all female patients presented suicidal behavior.

Compared to gamblers without a history of suicidal behavior, those with known suicidal behavior were significantly more likely to be separated or divorced (35% vs. 21%), passing through an emotional crisis (64% vs. 35%), and were indebted (91% vs. 68%). Also, patients who attempted suicide were more likely to benefit from Invalidity Pension (26% vs. 12%).

These results, which confirm data from the international literature, underline the necessity to add prevention of suicidal behavior to the list of treatment options. The results of this study encourage a routine investigation of suicidal behavior in gamblers and suggest routine preventive measures.

## Smoked Cannabis and Doping Control: Are we looking for the Wrong Target Analyte?

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Since 2004, Cannabis is prohibited by the World Anti-Doping Agency (WADA) for all sports at competition. In the years since then, about half of all positive doping cases in Switzerland have been related to Cannabis consumption. Mostly the athletes plausibly claim to have consumed Cannabis several days or even weeks before competition and only for recreational purposes not related to competition. In doping analysis, the target analyte is 11-nor-delta-9-tetrahydrocannabinol-9-carboxylic acid (THC-COOH), the reporting threshold 15 ng/mL. However, the wide detection window of this long-term THC metabolite does not allow a conclusion concerning the time of consumption or the impact on the physical performance. Therefore, the evaluation of other target analytes with shorter elimination half-life is needed and the aim of the present pharmacokinetic study.

In a 1-session clinical trial, 12 healthy, male volunteers (age  $26 \pm 3$  yrs, BMI  $24 \pm 2$  kg/m<sup>2</sup>) with Cannabis experience (less than once/month) smoked a Cannabis cigarette standardized to 70 mg THC/cigarette (Bedrobinol® 7%, Dutch Office for Medicinal Cannabis) following a paced-puffing procedure. Plasma and urine was collected up to 8 h and 11 days, respectively. THC, 11-hydroxy-THC (THC-OH), and THC-COOH concentrations were determined by SPE followed by GC/MS-SIM. The limit of quantitation (LOQ) for all analytes was 0.1 ng/mL. Visual Analog Scales (VAS) were used for monitoring psychological and somatic effects.

Eight puffs delivered a mean THC dose of 45 mg. Mean plasma levels of THC, THC-OH and THC-COOH were measured in the range of 0.1-20.9, 0.1-1.8, and 1.8-7.5 ng/mL, respectively. Peak concentrations were observed at 5, 10, and 90 min. Mean urine levels were measured in the range of 0.1-0.7, 0.10-6.2, and 0.1-13.4 ng/mL, respectively. The detection windows were 2-8, 2-96, and 2-120 h. No or only mild effects were observed.

Instead of THC-COOH, the pharmacologically active THC and THC-OH should be the target analytes for doping urine analysis. This would allow the detection of recent Cannabis consumption probably influencing performance during competition. However, retesting of THC-COOH positive athletes B samples, focusing on the proposed alternative target analytes, is necessary before implementation in doping analysis or even before the elimination of Cannabis from the WADA doping list can be discussed.

Key words: Cannabis, doping, clinical trial, plasma and urine levels.

## **Methadone induced QTc prolongation: a dose and gender dependent effect**

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ARUD - Association for Risk reduction in Use of Drugs, Zurich

### **Background**

In contrary to other opioids, methadone defers cardiac repolarisation blocking potassium channels. The consequence of this is a prolongation of QTc time in the electrocardiogram (ECG). QTc prolongation come along with an increased risk for life threatening dysrhythmia, in this case with so called torsade-de-pointes.

The correlation between methadone dose and serum level of methadone respectively and QTc prolongation is discussed controversially. In literature incidence of QTc prolongation under methadone varies heavily. QTc prolonging co medication is playing an important role as a confounder.

### **Aim**

The aim of this study was to analyse the QTc intervals in the ECG's of our patients and to detect possible correlations with the methadone dose and co factors.

### **Methode**

ECG examinations done in the outpatient clinic for drug addicts Zokl1 in Zurich since 2004 got analysed. The influence of the type of opioid used for substitution, the methadone dose and the relevant co factors got evaluated. Those substances with a warning notice in the Swiss pharmaceutical compendium for QTc prolongation were defined as relevant co medication. Bazett formula was used to calculate QTc time and an elevation was defined at a cut-off of 450msec.

### **Results**

In the period of September 21, 2004 and March 5, 2008 238 opioid addicts got an ECG examinations in our institution. 214 (90%) of them were substituted with methadone, 9 (4%) with buprenorphine and 11 (5%) with morphine sulphate. Altogether a prolonged QTc time was measured in 57 (24%) cases, all of them under methadone. Four cases appeared under a dose of less than 60mg methadone (prevalence 16%, n= 25), 12 under 60-120mg (prevalence: 32%, n=127). There was no significant influence of QTc relevant co medication (24.7 vs 24.2%). In the logistic regression analysis female gender ( $p=0.44$ ) and methadone dose  $> 120\text{mg}$  ( $p=0.36$ ) were significantly associated with a prolonged QTc time.

### **Conclusions**

Our results confirm conclusions of former studies: QTc prolongation is methadone dose dependent. Particularly methadone doses over 120mg are significantly associated with this risk for cardiac dysrhythmia. Nevertheless, the prevalence of QTc prolongation is also relevant in doses under 120mg. Women seem to be more affected then men.

## **“You are treated like a human being and not like dirt”. Results from a qualitative patient satisfaction survey among opioid dependent persons in substitution treatment**

Dampz, M., Falcato, L.

ARUD - Association for Risk reduction in Use of Drugs, Zurich

### Background:

ARUD Zurich (association for risk reduction in use of drugs) runs three outpatient clinics for substitution treatment of opiate addiction. In the framework of the internal quality management “customer satisfaction” of the patients is assessed periodically. We present the results of the qualitative part of the survey, which was conducted between 7<sup>th</sup> April and 16<sup>th</sup> Mai 2008.

### Method:

The instrument comprised 6 closed and 5 open Questions. The analysis of the free answers was done by aid of text sorting technique. All answers were read several times, compared against each other and assigned to categories developed out of the text material.

### Results:

450 patients participated at the survey and the most of them used the possibility to write a comment to the open questions. The following main dimensions were found to cover the given answers to a great extent: (1) ethical values and attitude toward the patients, (2) factual matters of treatment, (3) organizational issues. In these dimensions positive as well as negative comments were made. Main focus of the answers concerning desired additional offers laid on diversification of possibilities of substitution and on opportunities for day structure.

### Conclusion:

To add open questions to a customer satisfaction survey in patients of substitution treatment is well practicable and yields useful additional information. Ethical values and the general attitude toward the patients showed to be very important for the evaluation of outpatient substitution treatment from the client’s perspective.

## **Screening of substance use among adolescent primary care outpatients**

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University hospital of Geneva

**Introduction:** Increased trends in substance use among school teenagers are reported in national and international surveys. More than 75% of young people have had a medical visit in the last 12 months, making health care settings ideal for screening and early intervention programs. The aims of this study were to measure the prevalence of substance misuse among young patients attending our primary care consultation and to help healthcare providers to become more familiar in dealing with this issue.

**Methods:** Consecutive patients presenting for routine outpatients care were asked to complete the DEP-ADO screen test (RISQ-Canada). The screen results in a score that defines three groups : “Green” : No substance problems, “Yellow” : emerging problems and “Red” : substance use problems.

**Results:** We recruited 101 patients within a period of 4 months, 5 patients declined participation. The study sample was 82% female and the mean age was 17.7 (range 14-23). Overall, 21% of participants had a “Yellow” or “Red” screen test (boys 35%; girls 18%). 67% reported alcohol use in the past 12 months and 58% had two or more binge drinking episodes during the same period. 40% smoked cannabis, half of whom once a week or more. 36% smoked tobacco every day. No patient had tried heroin or injected drugs, whereas 4% had experimented with cocaine and 5% with amphetamine or hallucinogenic drugs.

**Discussion:** More than 1 in 5 adolescent patients screened positive on the DEP-ADO supporting the current guidelines recommending annual screening for adolescent substance misuse. Healthcare providers should receive training in how to assess those who screen positive and to offer brief advice or referral if needed.

## Heroin-Related Attentional Bias in Opioid-Maintained Patients

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Research shows that substance users tend to process substance-related cues selectively. This attentional bias is thought to play a key role in substance use disorders. It has been postulated that substance-related cues require mental effort and may interfere with other cognitively demanding tasks. In the presence of heroin cues, opioid-dependent individuals may therefore exhibit inhibited responding to a target task. However, attentional bias in opioid-maintained patients has not been studied extensively. Using a dual-task procedure, the present study sought to investigate whether opioid-dependent patients on agonist maintenance treatment would show a slowing in reaction time during heroin pictures as compared to control pictures and a control group. Participants were 40 opioid-dependent (20 diacetylmorphine-, 20 methadone-maintained) patients and 40 healthy controls. While participants were viewing 96 appetitive, aversive, neutral, and heroin-related pictures in random order their reaction times to one of two randomly presented tones were measured in a button-pressing task. Preliminary analysis of the first 30 participants enrolled shows that the patients' reaction times to heroin cues were significantly slower than to control stimuli ( $F=4.21$ ;  $p=0.046$ ) while this was not the case in healthy controls.

This provides evidence of attentional bias in opioid-maintained patients and supports the view of Tiffany's cognitive processing model of craving as a state that is cognitively disruptive and therefore exerts a toll on other cognitively demanding tasks.

## **Psychiatric disorders in adolescents and their parents as risk factors for adolescents alcohol consumption**

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**Background:** Pre-existing mood and anxiety disorders as well as parental disorders are potential risk factors for the onset of addictive behaviors in adolescents. Accordingly, the goals of this research were to assess 1) the association between depression or anxiety disorders and alcohol misuse in adolescents, and 2) the impact of parental disorders on the risk of alcohol misuse in these adolescents.

**Methods:** Analyses were conducted on 226 minor offspring (mean age: 13 years) of patients with mood or substance use disorders or healthy controls. Diagnostic assignment was based on a best estimate procedure including semi-structured interviews, medical records and family history information.

**Results:** 1) Separation anxiety disorder was associated with weekly alcohol consumption and overanxious disorder with both craving and alcohol abuse. 2) Parental bipolar disorder and heroin dependence were associated with the adolescents' likelihood of having already consumed at least one drink and parental alcohol dependence was associated with the adolescents' weekly alcohol consumption. Only the associations between parental substance dependence and alcohol consumption in adolescents remained significant after adjustment for comorbidities in adolescents.

**Conclusion:** The present findings suggest the existence of different pathways from parental bipolar and substance use disorders to alcohol misuse in adolescence.

## **Brief intervention addressing cannabis use in young people consulting family doctors: a pilot study in Switzerland**

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<sup>4</sup>King's College, London

### **Introduction:**

The aim of this study was to provide information on the feasibility and potential effectiveness of a brief primary care intervention addressing cannabis use.

### **Methods:**

The intervention was based on the guide known as the 5As. Family doctors developed the intervention, trained its use with adolescent actors and then pilot tested its use in seven family practices. Patients aged 15 to 24 years consulting for any health problem were recruited just before the consultation. They were asked to provide their e-mail or mobile phone contact details for follow-up. Cannabis use and associated psychosocial factors were assessed using a confidential questionnaire administered before the consultation and one month later.

### **Results:**

78/81 (96%) eligible patients agreed to participate. One in seven (13.2%, 95%CI: 7.5%-18.9%) used cannabis at least once a week. Data at one month were available for 63% participants. There was a 15% reduction in the number of excessive cannabis users at follow-up. There was also 18% reduction in the number of excessive alcohol users at follow-up.

### **Discussion:**

This brief intervention shows promise in reducing cannabis use in young people consulting in primary care. Its effects may extend to other substance use. This pilot study will inform the design of a future randomized trial.

## **Treatment of persons with substance related disorder co-occurring with attention-deficit hyperactivity disorder**

Maaskola, J., Falcato, L.

ARUD - Association for Risk reduction in Use of Drugs, Zurich

### Background:

Attention-deficit hyperactivity disorder (ADHD) going along with psychoactive substance use disorders (PSUD) is a clinical challenge and a relevant factor for the course and outcome of substitution sustained treatment. One treatment option for ADHD is pharmacotherapy with methylphenidate. However, in the case of co-occurring PSUD there is some concern about prescribing this amphetamine-type drug because of its potential misuse.

### Research goals:

We aimed to estimate the prevalence of ADHD in patients attending outpatient treatment for PSUD in one of the clinics of AURD Zurich (association for risk reduction in use of drugs), to detect the amount of cases treated with methylphenidate, the respective dosages used, and to describe and compare the respective patient characteristics.

### Method:

All ongoing treatments at 1st September 2008 with an ICD-10 diagnosis F90 were included in the study (n= 65). Because no systematic standardised diagnostical assessment was available, we used clinical diagnoses. The diagnostic data was extracted from the clinical information system, the information about medication with methylphenidate from the electronically registered dispensary, and the patient characteristics from the routine evaluation questionnaires.

### Results:

The overall prevalence of diagnosed (adult) attention-deficit hyperactivity disorder in the investigated population treated for psychoactive substance use disorders was 10%. Mean age of the patients with PSUD and ADHD was 36 years (Stdv. 9J). 27% were woman. 60% received a disability pension, social welfare or unemployment compensation. Two third of the persons additionally had a disorder from opioids or cocaine, and one third from alcohol or cannabis. Affective disorders were present in 50%, and personality disorders in 40% of the cases. In the past 30 days more than 80% of the patients had used tobacco and around 50% had used alcohol, cannabis, cocaine or heroin. Pharmacotherapy with methylphenidate was realized in one half of the cases with a mean dosage of 49 mg/d, in 14% of the cases a dosage above 60mg/d was used. There were no significant differences found between the characteristics of patients, who received methylphenidate and those who didn't. Also, there were virtually no such differences between persons with and without an additional opiate dependence.

### Conclusion:

Prevalence of adult attention-deficit hyperactivity disorder in the investigated population was about 2.5x higher among persons with substance use disorder than in the general population. About half of the patients received psychopharmacological treatment with methylphenidate. Socio-demographic characteristics, diagnoses or drug consumption do not predict whether methylphenidate is prescribed in case of ADHD in patients with psychotropic substance use disorder. Due to the observational study design we assume that ADHD prevalence is under estimated. A more systematic screening of ADHA should be implemented.

## **Gender differences in interpersonal problems of alcohol-dependent patients and controls**

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**Introduction.** Although there is no specific addictive personality, alcoholism is associated with specific personality traits, such as low agreeableness, low conscientiousness and high neuroticism. This may lead to certain interpersonal problems in alcohol-dependent subjects.

**Methods.** In this study 43 alcohol-dependent patients (m=22, f=21) have been recruited after detoxification. Three questionnaires were administered: Patients' interpersonal problems were measured with the Inventory of Interpersonal Problems (IIP-64), which was also completed by 50 healthy controls. Additionally, alcohol-dependent patients were interviewed with the Alcohol Use Disorders Identification Test (AUDIT) to assess the severity of alcohol dependence and were subtyped according to Lesch's typology.

**Results.** Results suggest that there are gender differences in interpersonal problems of alcohol-dependent patients. In the complete sample alcohol-dependent patients rated themselves as colder, more self-sacrificing, more intrusive and more vindictive than controls. Further analysis indicated that these differences were due to gender since alcohol-dependent women rated themselves as more self-sacrificing, more intrusive and more vindictive than female controls ( $p < .00625$ ; Bonferroni corrected). On the other hand alcohol-dependent males do not differ from healthy male controls. The most frequent Lesch type in this sample was type 3 (42%), followed by type 2 (28%), and type 4 (28%).

## **Retention Rate and Substance Use in Methadone and Buprenorphine Maintenance Therapy and Predictors of Outcome: Results from a Randomized Study**

Soyka, M., Zingg, C., Koller, G., Kűfner, H.

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This was a 6-month, randomized, flexible-dose study comparing the effects of methadone and buprenorphine on retention rate and substance use in a sample of 140 opioid-dependent, primarily heroin addicted, patients who had been without opioid substitution therapy in the four weeks before the study. The major aims were to compare the efficacy of buprenorphine and methadone in a flexible dosing regimen and to identify possible predictors of outcome. There were no major inhomogeneities between treatment groups. All patients also received standardized psychosocial interventions. Mean daily dosages after the induction phase were 44-46 mg for methadone and 9-12 mg for buprenorphine. Results from this study indicate a favourable outcome, with an overall retention rate of 52.1% and no significant differences between treatment groups (55.3% vs. 48.4%). Substance use decreased significantly over time in both groups and was nonsignificantly lower in the buprenorphine group. Predictors of outcome were length of continuous opioid use and age at onset of opioid use, although these were only significant in the buprenorphine group. Mean dosage and other parameters were not significant predictors of outcome.

Overall, the results of this study give further evidence that substitution treatment is a safe and effective treatment for drug dependence. Methadone and buprenorphine are equally effective. Duration of continuous opioid use and age at onset were found to have predictive value for negative outcome. The intensity of withdrawal symptoms showed the strongest correlation with drop-out. Future studies are warranted to further address patient profiles and outcome under different substitution regimens.

## **Existe-t-il des caractéristiques spécifiques pour les patients manquant leur premier rendez-vous à l'Unité de traitement des addictions de Fribourg ?**

Uehlinger, C., Bröker, G., Lauber, N.

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Les fréquents rendez-vous manqués entraînent des conséquences non négligeables sur le plan médical et économique. Pour tenter de les réduire, une étude rétrospective a été effectuée le premier semestre 2008, sur les 135 demandes de prise en charge à l'Unité de traitement des addictions à Fribourg. Nous avons cherché à savoir, en comparant le groupe des patients honorant leur premier rendez-vous avec ceux qui le manquaient, si l'âge, le genre, la substance addictive de premier choix et le temps d'attente jouent un rôle sur le manquement au premier rendez-vous. Les résultats montrent qu'aucune des caractéristiques observées ne contribue significativement à l'absence au premier rendez-vous. Une étude comparative plus approfondie, portant sur un échantillon plus important de demandes sur une période plus étendue est à envisager.

## Author Index

- Albrich, J., 32  
Alleman, P., 11  
Andronicos, M., 26  
Annaheim, B., 24  
Astudillo, M., 7  
Ayer, E., 19
- Beck, T., 20  
Besson, J., 15, 19, 23  
Bonsack, C., 23  
Brenneisen, R., 28  
Broers, B., 31, 34  
Bröker, G., 38  
Bruggmann, P., 14, 18, 29  
Brunner, N., 29  
Brunner, P., 36  
Buri, C., 11
- Castelao, E., 33  
Cavassini, M., 16  
Chtioui, H., 28  
Conus, P., 23  
Crettol, S., 15  
Croquette-Krokar, M., 15
- Dampz, M., 14, 30  
de Germond-Burquier, V., 31  
Degen, B., 32, 36  
Déglon, J.-J., 15  
Delgrande Jordan, M., 7  
Dürsteler-MacFarland, K. M., 10, 32
- Eap, C. B., 15  
Eggl, P., 11  
Elzi, L., 16
- Falcato, L., 14, 18, 20, 29, 30, 35  
Favre, S., 33  
Favrod, J., 23  
Ferrero, F., 19, 33  
Fleischmann, A., 19  
Furrer, H., 16
- Gamma, F., 19  
Gerhard, U., 12  
Gibellini, S., 23
- Gmel, G., 8, 24  
Gothuey, I., 15
- Haller, D. M., 34  
Hämmig, R., 15  
Hardegger, S., 26  
Hasenhoeller, A., 26  
Helbling, B., 18  
Hirschel, B., 16  
Huber, M., 16
- Jeanprêtre, N., 19
- Kamber, M., 28  
Keiser, O., 18  
Klingemann, H., 11  
Knibbe, R. A., 8  
Kohler, D., 22  
Kolb, W., 9  
Koller, G., 37  
Küfner, H., 9, 37  
Kuntsche, E., 13  
Kuntsche, S., 8
- Lauber, N., 38  
Lederberger, B., 16  
Lefebvre, D., 34  
Lustenberger, Y., 19
- Maaskola, J., 35  
Maffli, E., 7  
Meili, D., 18  
Meynard, A., 34  
Moggi, F., 11  
Monnat, M., 15  
Montagrin, Y., 23  
Müller, S., 10, 12  
Müller, S. E., 36
- Narring, F., 31, 34  
Negro, F., 18  
Nordt, C., 21
- Oneda, B., 15
- Pascale Meyer, P., 28  
Petitjean, S., 10, 36

Preisig, M., 15, 19, 33

Rickenbach, M., 16

Rihs-Middel, M., 26

Rothen, S., 19

Schächinger, H., 32

Schinhammer, S., 36

Schmidt, P., 9

Schulz, A., 32

Simon, O., 26

Sisbane, F., 19

Soyka, M., 9, 37

Stappenbeck, J., 36

Stohler, R., 21

Stückelberger, F., 36

Tylee, A., 34

Uehlinger, C., 38

Vandeleur, C., 19, 33

Vernazza, P., 16

Walter, M., 10, 12, 36

Weber, R., 16

Wiesbeck, G. A., 10, 12, 32, 36

Zemlin, U., 9

Zingg, C., 9, 37

Zumwald, C., 26